

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John A Boreland*

Died at *Middletown* Town *Levier* County

Date of death *1905* Month *June* Day *17* Age *48* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ill*

Occupation *Auto Engineer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name *Matthew Boreland* Father's Birthplace

Mother's Maiden Name *Aracanda* Mother's Birthplace

Name of person giving information *Mary Boreland* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *2 yrs.*

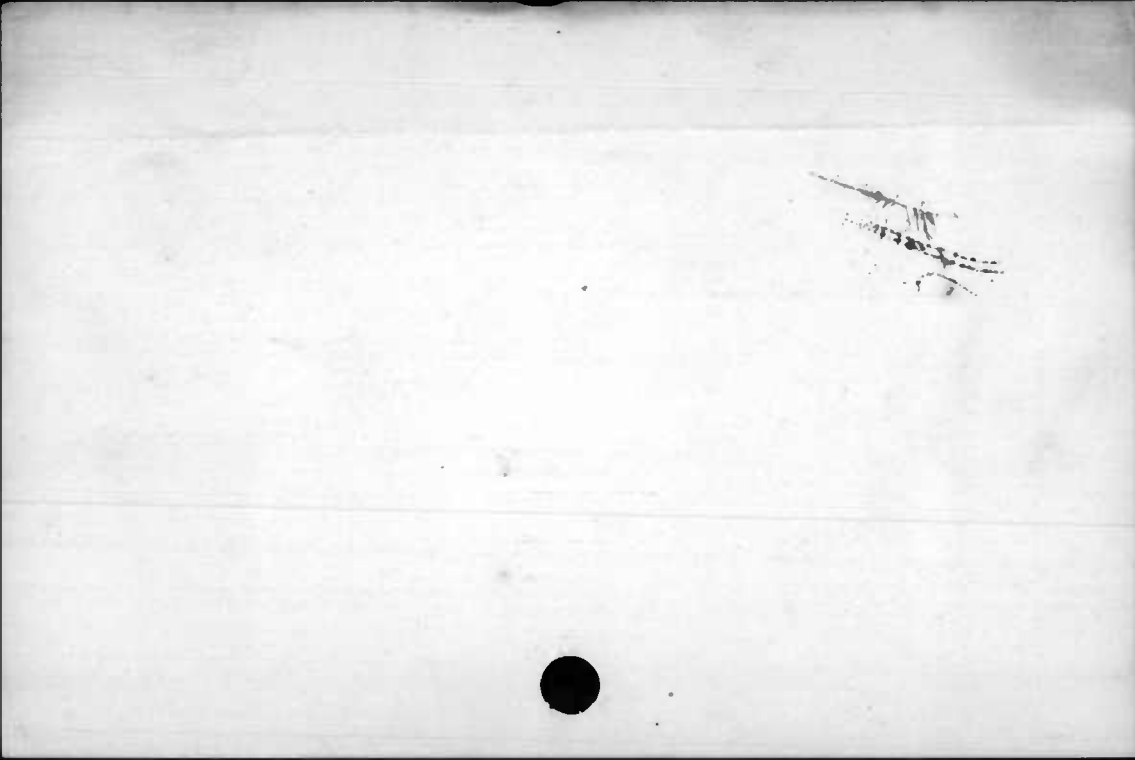
Immediate " " How long " "

Are the name, age, sex, color, date and place correctly given above? *Yes*

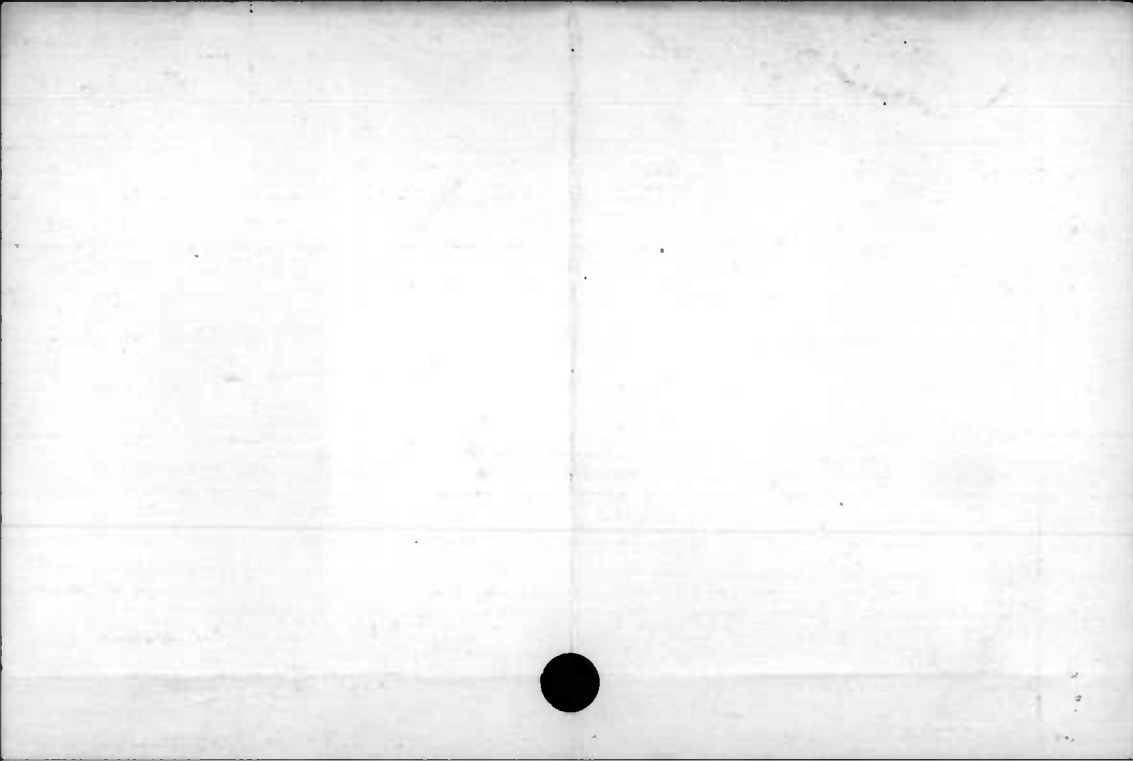
Signature of Physician *David Mackey*

Address *Lewisville Pa.*

Accident or Suicide?



Name in Full		TOWN				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Leslie</u>				County <u>Leslie</u>		MARYLAND	
		Date of death <u>1905</u>		Month <u>June</u>	Day <u>26th</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	3 Days
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Leslie</u>			
		Occupation <u>—</u>				Where Residing If not at place of death <u>—</u>			
		Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>					
		Father's Name <u>Milo A. Demand</u>				Father's Birthplace <u>Elizabethtown N.Y.</u>			
PHYSICIAN OR CORONER 1		Mother's Maiden Name <u>Sarah F. Baltimore</u>				Mother's Birthplace <u>New York, N.Y.</u>			
		Name of person giving information <u>Milo A. Demand</u>				How related to deceased <u>Father</u>			
		CAUSES OF DEATH							
Primary		<u>Heart</u>				How long <u>19</u>			
						How long			
		Immediate							
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>B. H. [Signature]</u>			
Address <u>H. [Signature]</u>									
		Accident or Suicide?							



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

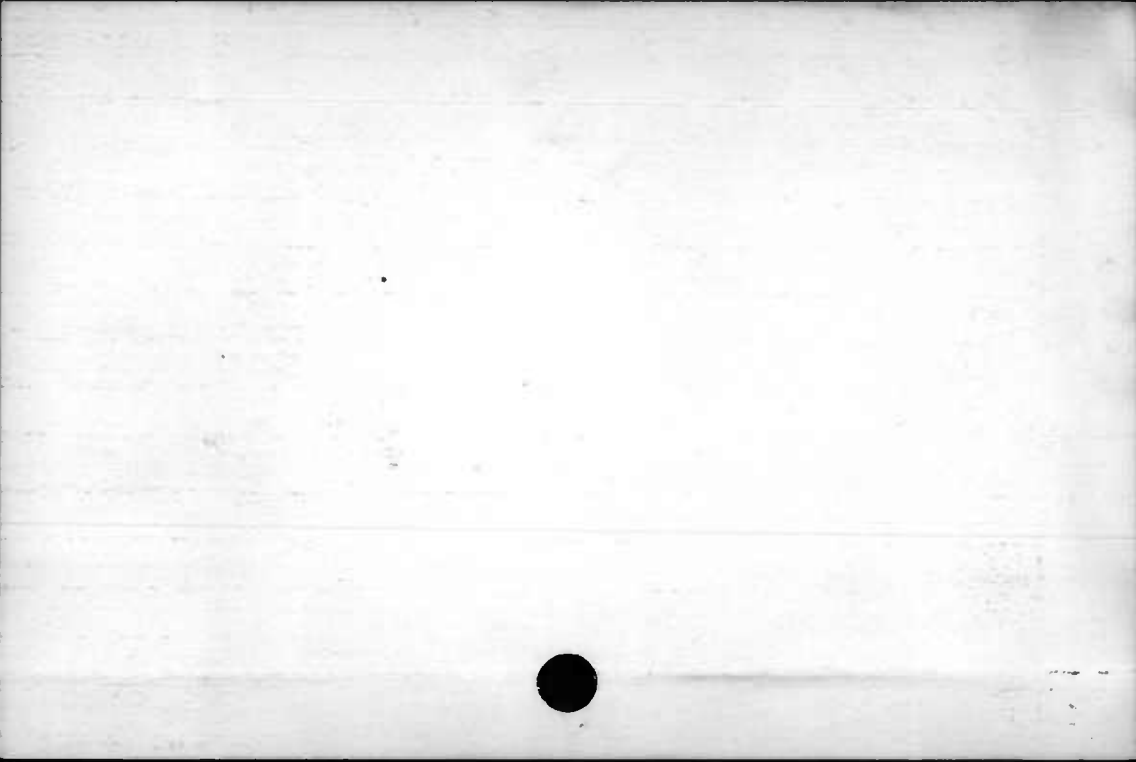
Name in Full <i>Ester Rudolph Foraker.</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>North East</i>		Month <i>June</i>		Day <i>8</i>	
Date of death <i>190</i>		Age <i>7</i>		Years <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>North East.</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>J. P. Foraker.</i>			
Father's Name <i>J. P. Foraker.</i>		Father's Birthplace <i>North East.</i>			
Mother's Maiden Name <i>Marian V Lowe</i>		Mother's Birthplace <i>North East.</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary <i>Immunization</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>North East</i>
Amputation? <i>[Blank]</i>	



Name

in
Full

CERTIFICATE OF DEATH

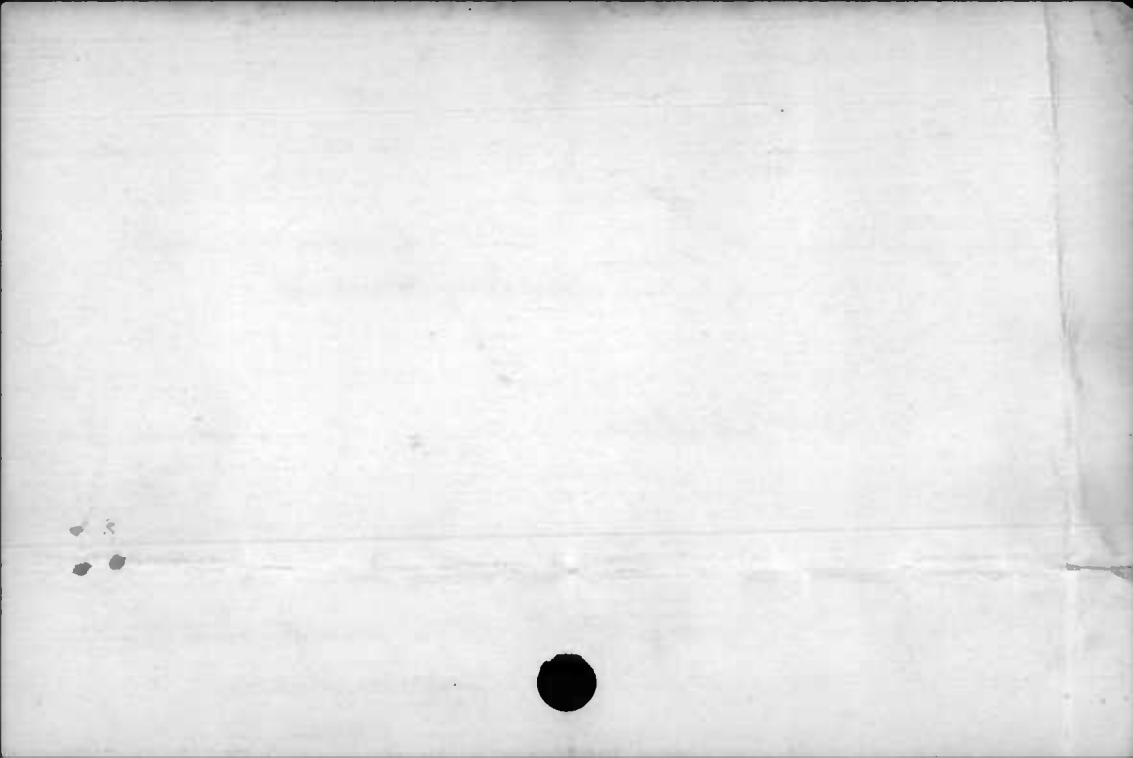
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seaboard</i> Town		<i>Beal</i> County		MARYLAND	
Date of death	1905	Month	6	Day	7
Age	89	Years		Months	10
				Days	24
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Tailoriss</i>		Birth-place	<i>Ind.</i>	
Married, Single or Widowed	<i>Widow</i>		Where Residing if not at place of death	<i>At Seaboard</i>	
Father's Name	<i>James Smith</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Ann Smith</i>		Mother's Birthplace		
Name of person giving information	<i>Jessie Irwin</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

Primary	<i>General Debility</i>	How long	
Immediate	<i>Is</i>	How long	<i>Four weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Richardson</i>
		Address	<i>Colvert Ind.</i>
Accident or Suicide?			

PHYSICIAN
OF CORONER



Name
in
Full

Anna M. Kirk

CERTIFICATE OF DEATH

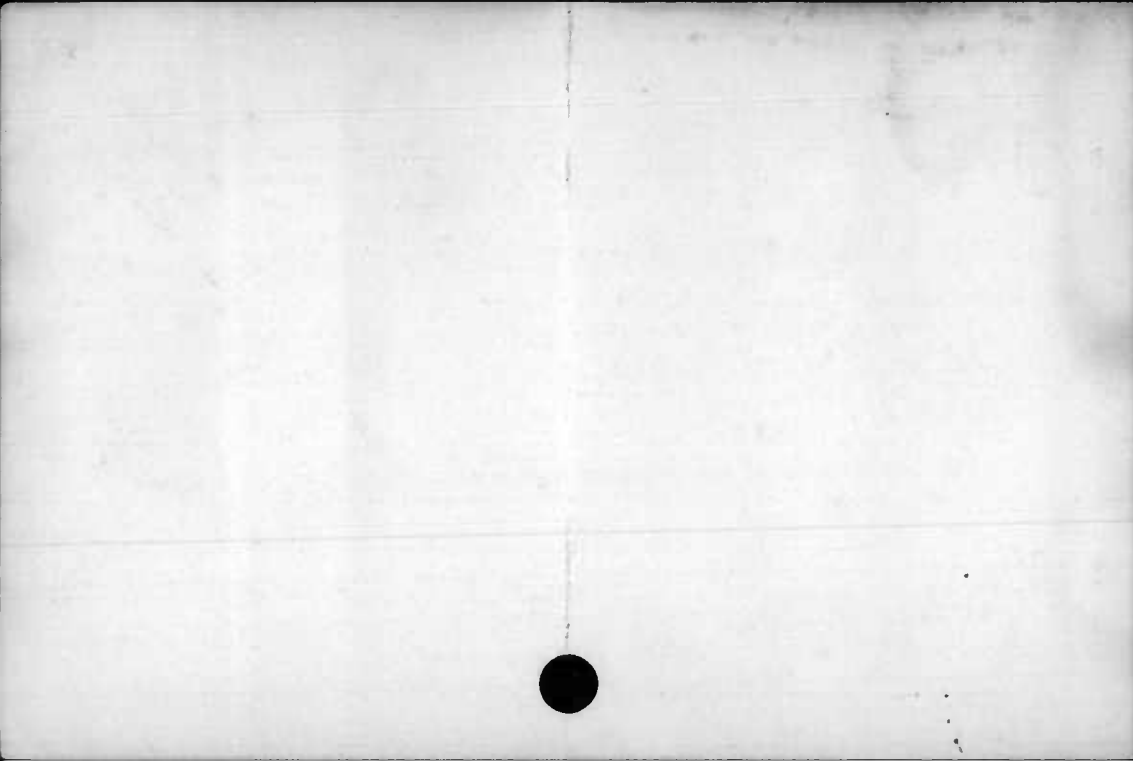
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Principis</u> ^{Town}		<u>Acet</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u> ^{Month}	<u>June</u> ^{Day}	<u>9</u> ^{Age}	<u>34</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Principis Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation			
Name of Wife or Husband					
Father's Name <u>William Kirk</u>			Father's Birthplace <u>Langdon</u>		
Mother's Maiden Name <u>E. Brockley</u>			Mother's Birthplace <u>..</u>		
Name of person giving information <u>Earl Palmer</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

Primary <u>Tuberculosis</u>	How long <u>nine months</u>
Immediate <u>exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Allen</u>
	Address <u>Resny Sum, Md</u>
Accident or Suicide?	

PHYSICIAN
OF CORONER
①



Name
in
Full

Thomas H McCullough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Port Deposit* ^{County} *Cecil* **MARYLAND**

Date of death 190 ^{Month} *June* ^{Day} *21* Age ^{Years} *62* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Cecil Co*

Occupation *Farmer* Where Residing if not at place of death *Port Deposit*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *William McCullough* Father's Birthplace *England*

Mother's Maiden Name *Mary Jones* Mother's Birthplace *—*

Name of person giving information *Geo E McCullough* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *6 months*

Immediate *Exhaustion* How long *few days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H A Clumson*

Address *Port Deposit*

Ind

Accident or Suicide? *—*

Samuel A. Taylor

Rising Sun

md

Name
in
Full

Walter Francis McGuigan

CERTIFICATE OF DEATH

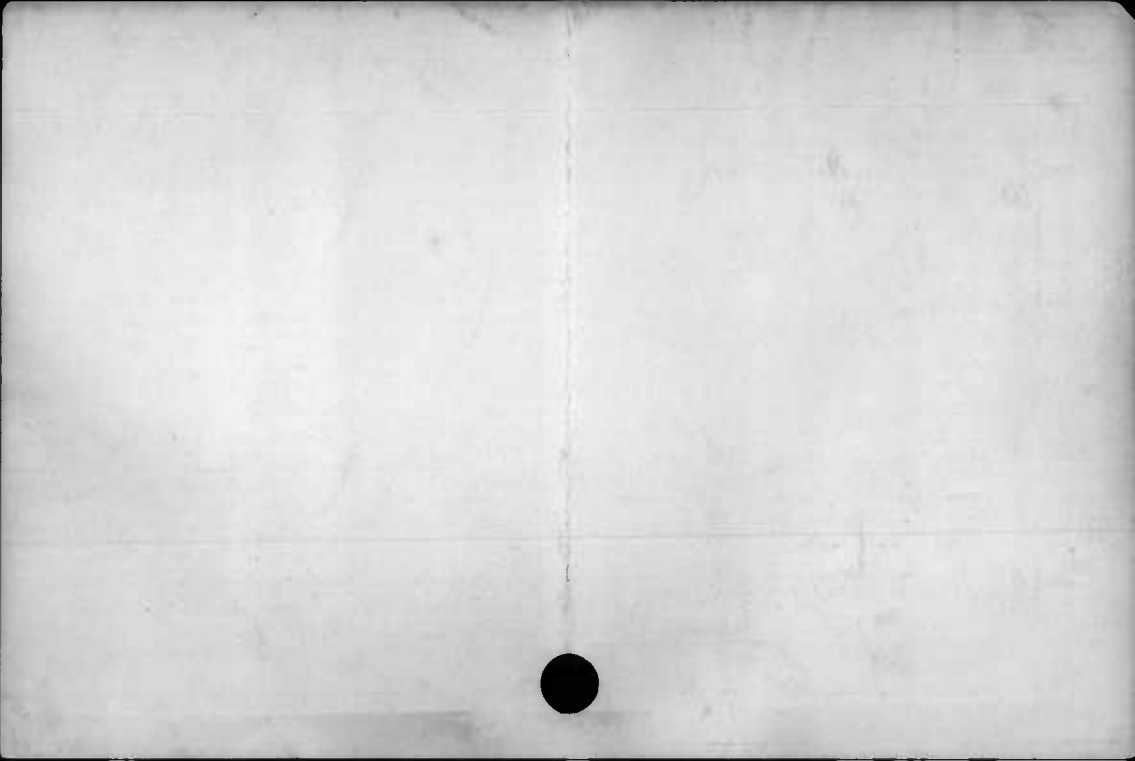
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lyles		County Lancaster		Pa. MARYLAND		
Date of death 1905	Month June	Day 20	Age	Years 22	Months 2	Days 18		
Sex	male		Color or Race	white		Birth- place	Pilot	
Married, Single or Widowed			married		Occupation			Farming
Name of Wife or Husband			Emily A. Richie					
Father's Name			Charles H. McGuigan			Father's Birthplace		Cecil Co.
Mother's Maiden Name			Henrietta J. McCallough			Mother's Birthplace		Cecil Co.
Name of person giving In formation			Martha J. McGuigan			How related to deceased		Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long	one year
Immediate	Pulmonary Haemorrhage		How long	few days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Geo W. Lilespeil
			Address	Pleasant Grove Pa
Accident or Suicide? This person lived at Pilot Mt but died at Lyles Pa				



Name
in
Full

The James Alford Harrison

8th Dec 21

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Springs</i> Town		<i>Cecil County</i> County		MARYLAND	
Date of death	1905	June	22	Age	80 years 2 Months 3 Days
Sex	Male		Color or Race	White	
Occupation	Carpenter		Birthplace	Maryland	
Married, Single or Widowed	Single		Where Residing if not at place of death	Rock Springs	
Father's Name	Name of Wife or Husband		Mrs. R. J. Harrison		
Mother's Maiden Name	Father's Birthplace		Mother's Birthplace		
Name of person giving information	Mr. St. Clair		How related to deceased		
			Grand Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Kidney disease</i>	How long	<i>2 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. B. Jordan M.D.</i>
		Address	<i>Liberty Grove Cecil Co Md.</i>
Accident or Suicide?			



Name in Full

Certificate of Death

Charles Gilbert Moore

Town

County

Died at

Beechton

Beech

MARYLAND

Date

1905

Month

6

Day

5

Y.

—

M.

11

D.

—

Native of

Md

Occupation

—

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

James E. Moore

Mother's

Name

Mary Johnson

Cause of

Primary

Catarrhal Pneumonia

How long sick

10 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

R. M. Black

Address

Beechton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

R M Black

of Beulton.

Seen by Coroner

of

Information contained in this certificate received from

Ann E Moore

of

Father

Name
in
Full

Rhudolph (M. M.) Cecil

CERTIFICATE OF DEATH

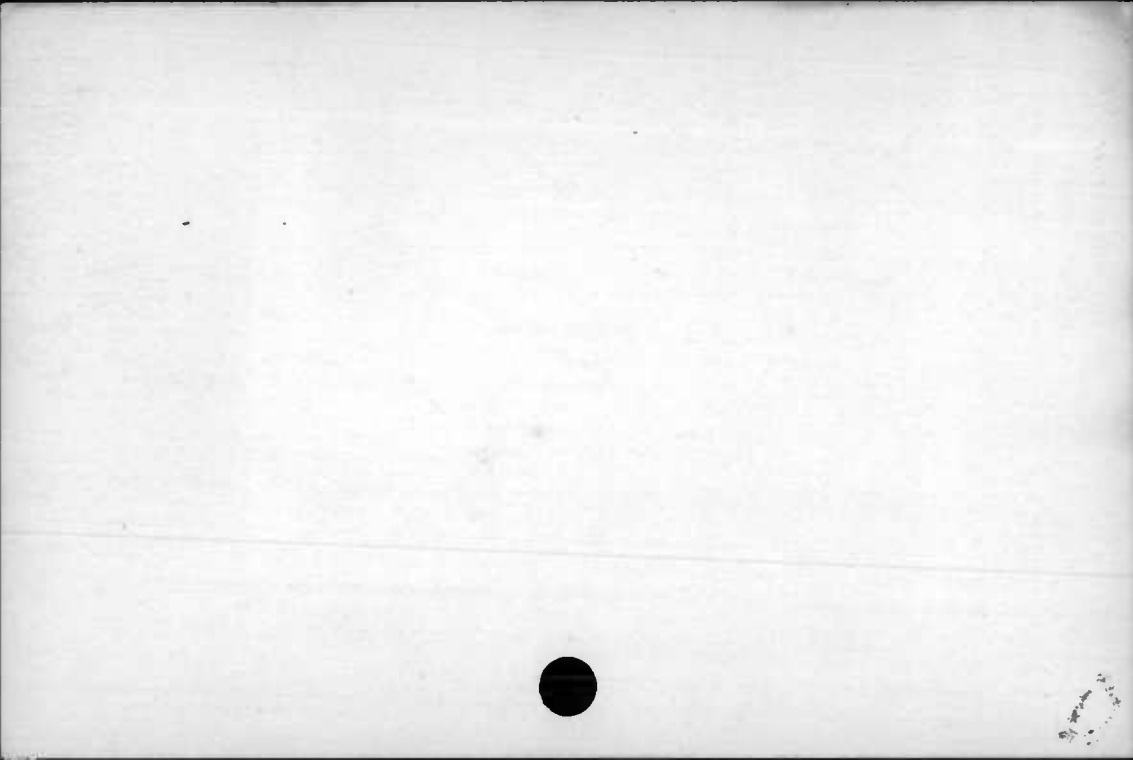
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centon</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1905- <i>June</i> Month	<i>7</i> Day	Age _____ Years	Months _____	Days _____
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	_____		Birth-place	<i>Centon</i>	
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Robert Rhudolph</i>			Father's Birthplace <i>Cecil Co. Md.</i>		
Mother's Maiden Name <i>Petta Knight</i>			Mother's Birthplace <i>Cecil Co. Md.</i>		
Name of person giving information <i>Petta Rhudolph</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born S.</i>		How long	_____
Immediate	<i>yes</i>		How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm D Hawley</i>	
_____		Address	<i>Centon Md</i>	
Accident or Suicide? _____				



Name
in
Full

Elizabeth D. Richie

8th Dist

CERTIFICATE OF DEATH

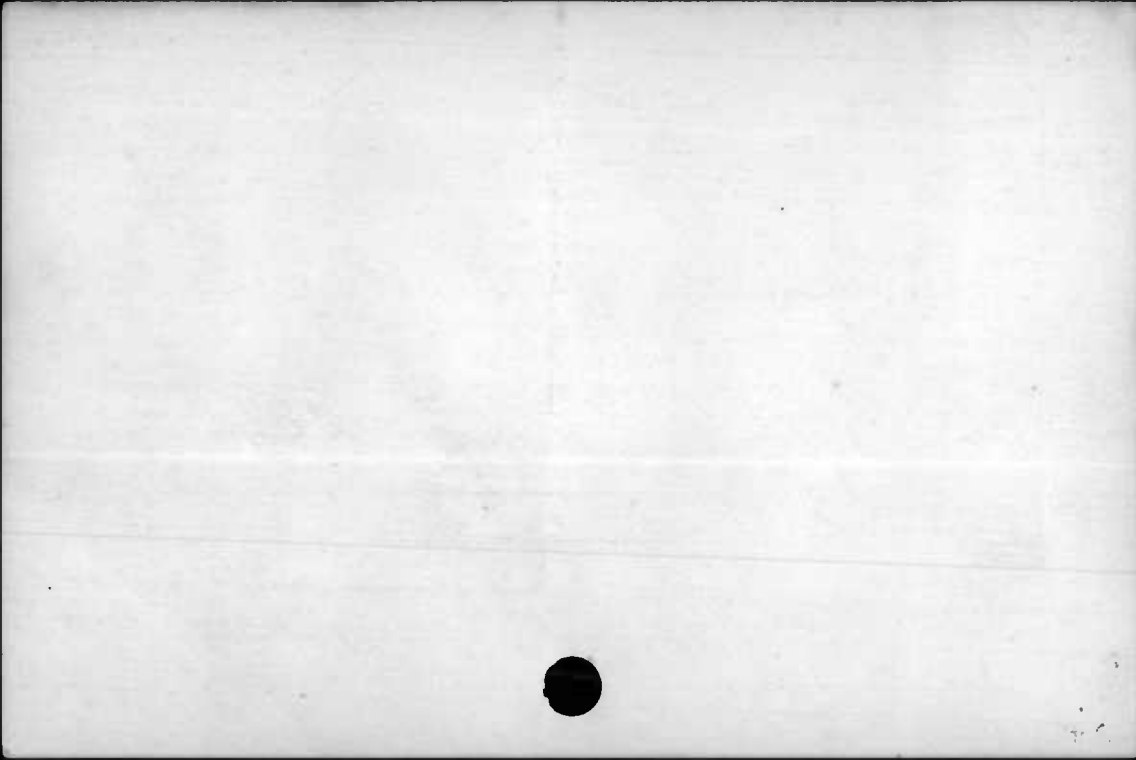
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Couding</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death	1905	Month	June	Day	8
Age	31	Years		Months	1
Sex	Female	Color or Race	White	Birth-place	New Jersey
Occupation	Seamstress	Where Residing if not at place of death		Couding Md	
Married, Single or Widowed	Single	Name of Wife or Husband	Edward Richie		
Father's Name	Wm Hickman	Father's Birthplace	N. Jersey		
Mother's Maiden Name	Caroline Dilshoven	Mother's Birthplace	"		
Name of person giving information	Wm Hickman	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Syphilis</u>	How long	<u>35</u>
Immediate	<u>Internal Abscess</u>	How long	<u>about 3 wks</u>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<u>Geo. T. Gillespie M.D.</u>
		Address	<u>Pleasant Grove Pa</u>
Accident or Suicide?			



Name
in
Full

Harriett R. Warrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Concord*^{County} *Leecil*Date
of death *1905*Month
*6*Day
15

Age

Years
*50*Months
*X*Days
*X*Sex *Female*Color or
Race*Colord*Birth-
place*Not none*

Occupation

*House wife*Where Residing if not
at place of death*Concord*Married, Single
or Widowed*married*Name of Wife or
Husband*John T. Warrick*Father's
Name*Wm. Donigan*Father's
Birthplace*Not none*Mother's
Maiden Name*Not none*Mother's
Birthplace*" "*Name of person giving
information*John T. Warrick*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Burn

How long

8 weeks

Immediate

Rephur

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. J. Convey MD*

Address

*Chesapeake City
Md*

Accident or Suicide?

